

**Parents, Families, Friends, and Allies United with LGBTQ+ People**



**The Elizabeth 'Babs' Conant Memorial Scholarship**

**The Marvin L. Henchbarger Scholarship**

**The Mary L. Hewitt Memorial Scholarship**

**Each of the above scholarships is a \$1000.00 award.**

*Only hard-copy applications will be accepted. Mail completed application to  
PFLAG Buffalo/Niagara P.O. Box 617 Buffalo NY 14207 by Wednesday, May 15<sup>th</sup>.*



## **PURPOSE**

- To recognize WNY high school LGBTQ+ seniors and ally seniors graduating in June 2026
- To encourage future education, advocacy, and support for LGBTQ+ students
- To foster a positive image of LGBTQ+ young people in society

## **ELIGIBILITY**

- A graduating senior from a WNY high school
- A self-identified LGBTQ+ student or ally
- Accepted to an accredited post-secondary educational institution
- Personal Information Form, Short Response Form, and a reference letter
- Short interview if deemed necessary

## **TERMS**

- Three scholarships of \$1000.00 each will be awarded.
- Scholarship funds will be deposited directly to each student's school account
- The award must be used within one year of its receipt
- All information submitted to PFLAG Buffalo/Niagara will be strictly confidential unless permission has been given
- HARDCOPY application must be received by Wednesday, May 15th in the P.O.box of this organization. If received after that date, the application will be disposed of unopened.

## **CRITERIA FOR JUDGING**

- Affirmation of one's LGBTQ+ identity and community support or of straight ally support
- Participation in events supporting the LGBTQ+ students and community
- Short responses in list and/or short sentence format
- Responses to questions from interview panel if application is selected for Round 2
- Commitment to LGBTQ+ support in the future
- Reference letter from faculty member (references that support above are optimal)
- Grammar, spelling, clarity, and neatness



## **Personal Information**

**Please attach any additional information as needed.**

Name - \_\_\_\_\_

Address \_\_\_\_\_

Phone- \_\_\_\_\_ Email \_\_\_\_\_

School attending in September \_\_\_\_\_

Course of Study- \_\_\_\_\_

Career Goals/Short Explanation of Choice

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## Short Answer Response Form

*Use a list format or maximum of 3 short sentences per question.*

If deemed necessary, there may be a short interview based on responses below. An interview is not necessarily required but may be used in the decision-making process.

*You may use other paper to answer these questions.*

1. Does your school have an alliance club (GSA)? \_\_\_\_\_

2. If so, have you been involved in your school's alliance club? Share key details.

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

3. Please give years of membership and any responsibilities you have had.

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

4. What are GSA events/activities in which you participated?

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

5. Have you attended/participated in a Pride parade or GLYS events? Share details.

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

6. Have you had a person help you through the coming out process? If so, please give first name and how he/she/they helped.

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

7. Have you helped someone when he/she/they came out? If so, how did you help?

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

8. Have you been involved in activities outside of school supporting LGBTQ+ persons and causes other than what is shared above? If so, give details.

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

9. How will you support LGBTQ+ people and policies in your life and career after high school?

- \_\_\_\_\_  
- \_\_\_\_\_  
- \_\_\_\_\_

10. Identify faculty or staff who can confirm any information above.

- \_\_\_\_\_  
- \_\_\_\_\_

*May we have your permission to use your first name and/or school in PFLAG Buffalo/Niagara's newsletter if you receive a scholarship? If you choose not to share, it will not affect your application review.*

**May PFLAG Buffalo/Niagara use in newsletter:** **First Name**    Yes    No    **High School**    Yes    No

I certify that all information in this submission is accurate.

Printed Name                      Signature                      Date

\_\_\_\_\_

Printed Name                      Parent or Guardian Signature                      Date

\_\_\_\_\_